OR

OR

TOTAL

ADD'L FEE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD (2) 642921 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) **NUMBER FILED** NUMBER EXTRA RATE FEE RATE FEE FOR BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS X \$ OR (37 CFR 1.16(c)) minus 20 = INDEPENDENT CLAIMS OR X \$ minus 3 = (37 CFR 1.16(b)) ÷... MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = TOTAL OR TOTAL * If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY **SMALL ENTITY** (Column 1) CLAIMS HIGHEST ⋖ PRESENT ADDI-REMAINING RATE ADDI-RATE NUMBER **EXTRA** TIONAL TIONAL PREVIOUSLY **AMENDMENT AFTER** FEE FEE AMENDMENT PAID FOR Total (37 CFR 1.16(c)) Minus 108 108 X \$ OR X S Minus X S X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 5 TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST $\mathbf{\omega}$ PRESENT RATE ADDI-RATE ADDI-REMAINING NUMBER IENT **EXTRA** TIONAL TIONAL **AFTER** PREVIOUSLY AMENDMENT FEE FEE PAID FOR Total (37 CFR 1.16(c)) MON Minus X S OR Minus Independent (37 CFR 1.16(b)) 竝 X S = OR X \$ = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING PRESENT RATE ADDI-RATE ADDI-NUMBER **EXTRA** TIONAL TIONAL 띪 **PREVIOUSLY** AFTER AMENDMENT FEE PAID FOR FEE ENDME Total Minus (37 CFR 1.16(c)) OR x s Independent (37 CFR 1.16(b)) Minus OR X S

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

This collection of Information is required by 37 CFR 1.16. The information is required to abtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

+ 4

TOTAL

ADD'L FEE

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If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previousty Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

	LICATION FEE DETERMINATION RECORD Effective December 29, 1999
<u> </u>	

FORM PTO-875

Application or Docket Number

CLAIMS AS FILED - PART I								SMALL ENTITY OTHER T				MAHT	
FOR NUMBER FILED NUMBER EXTRA							7	TYPE				ENTITY	
FUH		NUMBER FILED			NUMBER EXTRA			RATE	FEE	1	RATE	FEE	
BASIC FEE										345.00	OR	· Calabo	690.00
TOTAL CLAIMS			10	% minus	· 88			X\$ 9=		OR		1594	
INDEPENDENT CLAIMS 7 minus 3 = : 4							X39=		OR	X78=	210		
MULTIPLE DEPENDENT CLAIM PRESENT									.400		1		26
* If the difference in column 1 is less than zero, enter *0" in column 2							'	+130=		OR	+260=		
CLAIMS AS AMENDED DATE:									TOTAL	<u> </u>	OR	TOTAL	2560
8 -16.02 (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	OTHER SMALL	
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1	FIRST PRESE	NTATIO	N OF MU	ILTIPLE DEF	ENDE	NT CLAIM		\vdash	V02=		OR	<i>XYU</i> =	400.00
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE OR ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE Thighest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													